


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90001 046 ***150.00

DOCUMENT # F03000004269
 1. Entity Name
DVI BUSINESS CREDIT CORPORATION



Principal Place of Business: **2500 YORK ROAD JAMISON, PA 18929**
 Mailing Address: **2500 YORK ROAD JAMISON, PA 18929**

54055272

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: _____
 Zip: _____ Country: _____

01192004 Chg-P CR2E034 (10/03)
 4. FEI Number: **33-0486350**
 Applied For: Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	O'HANLON, MICHAEL A	
STREET ADDRESS	2500 YORK ROAD	
CITY-ST-ZIP	JAMISON, PA 18929	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	CADY, TERRY	
STREET ADDRESS	2500 YORK ROAD	
CITY-ST-ZIP	JAMISON, PA 18929	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARFINKEL, STEVEN.R	
STREET ADDRESS	2500 YORK ROAD	
CITY-ST-ZIP	JAMISON, PA 18929	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HAYES, GERALD A JR	
STREET ADDRESS	2500 YORK ROAD	
CITY-ST-ZIP	JAMISON, PA 18929	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOYLE, JOHN P	
STREET ADDRESS	2500 YORK ROAD	
CITY-ST-ZIP	JAMISON, PA 18929	
TITLE	<i>E Mark Toney</i>	<input type="checkbox"/> Delete
NAME	<i>Mark Toney</i>	
STREET ADDRESS	<i>2500 York Rd.</i>	
CITY-ST-ZIP	<i>Jamison, PA 18929</i>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<i>VP & COO</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>G. Alexander Cole</i>	
STREET ADDRESS	<i>2500 York Rd.</i>	
CITY-ST-ZIP	<i>Jamison, PA 18929</i>	
TITLE	<i>Chairman</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Mark Toney</i>	
STREET ADDRESS	<i>2500 York Rd.</i>	
CITY-ST-ZIP	<i>Jamison, PA 18929</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *G. Alexander Cole* **4/5/04** **215-488-5000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #